

MDR Tracking Number: M5-04-0944-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 12-01-03. Per Rule 133.308(e)(1) date of service 11-18-02 was not timely filed.

### I. DISPUTE

Whether there should be reimbursement for dates of service 11-18-02 through 10-14-03.

### II. FINDINGS

On 03-15-04, the Division submitted a Notice to the requestor to notify the requestor that they failed to make payment of the IRO fee as required by Commission Rule 133.308 (r)(1)(B) and subsequently, the medical necessity issues for dates of service 04-16-03 through 10-14-03 were dismissed. Per Rule 133.307(g)(3), the Notice also requested the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

### III. RATIONALE

CPT code 99213-MP on date of service 07-16-03 was denied with a D code. The charge is reviewed per Rule 133.307 (g)(3)(A-F). The requestor nor the respondent provided the original explanation of benefits, therefore, the reviewer cannot determine the original reason for denial. No reimbursement is recommended.

### IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code 99213-MP.

The above Findings and Decision are hereby issued this 17th day of May 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

DLH/dlh